



**Planning & Zoning Department
Permit Application**

P. O. Box 187
Friendship, WI 53934
Phone: (608) 339 - 4222
Fax: (608) 339 4504

OFFICE USE ONLY:

File #: _____
Date: _____
Computer #: _____
Parcel #: _____
State Sanitary #: _____
State UDC Seal #: _____
County Zoning District: _____
Shoreland Zoning District: _____
FIRM / Flood Study Zone: _____
Airport Height Zoning: _____

NOTES REGARDING ADDITIONAL REGULATIONS: (1) The undersigned hereby applies for a permit to do work described and located as shown on this application and the attached plot plan. The undersigned agrees that all work will be done in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances and with all laws of the State of Wisconsin applicable to said premises and work. (2) There may be Town regulations or other local ordinances or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

EROSION CONTROL ZONING SANITARY BUILDING RAZING SIGN TEMP. OCC.
Date: _____ Fee: _____

NOTE: This Permit is valid for two (2) years from the date of issue.

IMPORTANT NOTE REGARDING SETBACKS: All lot lines shall be physically marked for any and all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete the construction according to the submitted and approved plot plan. Please call the Planning & Zoning Dept. to schedule inspection(s) for your project.

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY!

Owned By: _____ **Date of Birth:** _____ **Phone:** _____
{First} {Middle Initial} {Last}
Mailing Address: _____

Property Description:

Gov. Lot: _____ **or** _____ $\frac{1}{4}$, _____ $\frac{1}{4}$, **Sec.** _____, **T** _____ **N, R** _____ **E**
Lot: _____; **Block:** _____; **Addition:** _____; **Subdivision:** _____
Town of: _____ **Property Address (if any):** _____
Lot / Parcel Size: **Width:** _____ **Length:** _____ **Acres / Sq. Ft.:** _____

Construction Description: _____
(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitation, Sign etc.)
Use: _____
(Residence, Accessory Building, Commercial, Industrial, Public etc.)
Type of Construction (if Manufactured Home, list year) : _____
(Frame, Masonry, Manufactured Home, Manufactured Dwelling, etc.)

Building Description: **Width:** _____ **Length:** _____ **Area:** _____ **Sq. Ft.**
Height: _____ **No. of Stories:** _____ **No. of Bedrooms:** _____

Signature of Owner or Agent: _____ **Phone:** _____
(Signature grants consent for Dept. staff to enter premises)
Address: _____

OFFICE USE ONLY:

Zoning: \$ _____	Comments / Conditions: _____
Sanitary: \$ _____	_____
Building: \$ _____	_____
Other: \$ _____	_____
Subtotal: \$ _____	_____
State Fee: \$ _____	_____
Total: \$ _____	_____
Paid (check # or cash): \$ _____	
Date: _____	Approved by: _____ Date: _____
By: _____	Denied by: _____ Date: _____